

12-11-03

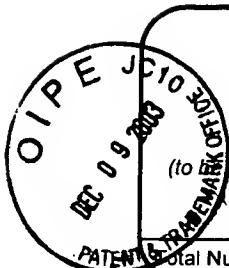
61 PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

15

Application Number	09/998,764
Filing Date	November 29, 2001
First Named Inventor	Masaki Nakamura
Group Art Unit	1755
Examiner Name	Shalie A. Manlove
Attorney Docket Number	56232.13

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group.
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response to Office Action (6 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Express Mail Label No. EV 337978668 US	<input type="checkbox"/> Terminal Disclaimer	Declaration under 37 C.F.R. §1.132
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> RCE Transmittal (in duplicate)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

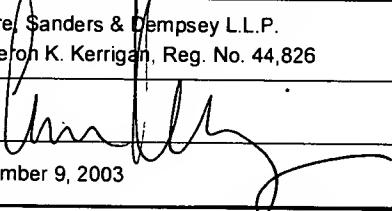
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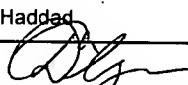
TC 1700

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigan, Reg. No. 44,826
Signature	
Date	December 9, 2003

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**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

**Address to:**  
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Alexandria, VA 22313-1450

<i>RECEIVED OCT 10 2003 U.S. PATENT AND TRADEMARK OFFICE</i>	<i>Application Number</i>	09/998,764
	<i>Filing Date</i>	November 29, 2001
	<i>First Named Inventor</i>	Masaki Nakamura
	<i>Art Unit</i>	1755
	<i>Examiner Name</i>	Shalie A. Manlove
	<i>Attorney Docket Number</i>	56232.13

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

**1. Submission required under 37 C.F.R. 1.114**

a.  Previously submitted

- i.  Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on \_\_\_\_\_  
(Any unentered amendment(s) referred to above will be entered).
- ii.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
- iii.  Other \_\_\_\_\_

b. Enclosed

- i.  Amendment/Reply (6 pages)
- ii.  Affidavit(s)/Declaration(s)
- iii.  Information Disclosure Statement (IDS)
- iv.  Other \_\_\_\_\_

**2. Miscellaneous**

a.  Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)

b.  Other \_\_\_\_\_

**3. Fees** The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

a.  The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 07-1850

i. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. 1.17(e)	12/12/2003	DTESSEM1	00000068	071850	09998764
ii. <input type="checkbox"/> Extension of time fee (37 C.F.R. 1.136 and 1.17)	01 FC:1801				770.00 DA
iii. <input type="checkbox"/> Other _____					

b.  Check in the amount of \$ \_\_\_\_\_ enclosed

c.  Payment by credit card (Form PTO-2038 enclosed)

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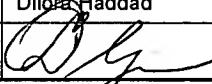
TC 1700

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

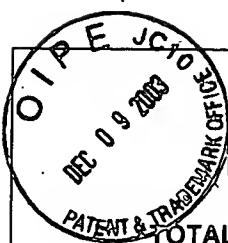
Name (Print /Type)	Cameron K. Kerrigan	Registration No. (Attorney/Agent)	44,826
Signature		Date	December 9, 2003

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express mail in an envelope addressed to: Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Name (Print /Type)	Dilys Haddad		
Signature		Date	December 9, 2003

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## FEE TRANSMITTAL

### TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$750.00)**

Complete if Known

Application Number	09/998,764
Filing Date	November 29, 2001
First Named Inventor	Masaki Nakamura
Group Art Unit	1755
Examiner Name	Shalie A. Manlove
Attorney Docket Number	56232.13

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TC-100

METHOD OF PAYMENT		FEE CALCULATION (continued)																													
<p>1. The Commissioner is hereby authorized to:</p> <p><input checked="" type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.<sup>†</sup></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p>																															
<p>Deposit Account Number: 07-1850                      Deposit Account Name: Squire, Sanders &amp; Dempsey</p> <p>A Duplicate Copy of this authorization is attached</p> <p>2. <input type="checkbox"/> Payment Enclosed:  <input checked="" type="checkbox"/> Check <input type="checkbox"/> Other</p>																															
<p><b>FEE CALCULATION</b> (fees effective 10/1/01)</p> <table border="1"> <thead> <tr> <th colspan="2">1. FILING FEE</th> </tr> <tr> <th>Large Entity Fee Code/Fee</th> <th>Small Entity Fee Code/Fee</th> <th>Fee Description</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr> <td>101/\$740</td> <td>201/\$370</td> <td>Utility Filing</td> <td></td> </tr> <tr> <td>106/\$330</td> <td>206/\$165</td> <td>Design Filing</td> <td></td> </tr> <tr> <td>108/\$740</td> <td>208/\$370</td> <td>Reissue</td> <td></td> </tr> <tr> <td>114/\$160</td> <td>214/\$80</td> <td>Provisional Filing</td> <td></td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (1)</b></td> <td><b>(\$ 0)</b></td> <td></td> </tr> </tbody> </table>				1. FILING FEE		Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due	101/\$740	201/\$370	Utility Filing		106/\$330	206/\$165	Design Filing		108/\$740	208/\$370	Reissue		114/\$160	214/\$80	Provisional Filing		<b>SUBTOTAL (1)</b>		<b>(\$ 0)</b>			
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<p>* Subtract the greater number of Col. 2                      ** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3</p>																															
SUBMITTED BY		Complete (if applicable)																													
Typed or Printed Name	Cameron K. Kermian																														
Signature			Date																												